

State of California - Health and Welfare Agency  
HAZARDOUS WASTE MANAGEMENT BRANCH  
714-744-P Street  
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83202070

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

SHILEY INC.  
17600 Gillette Ave  
Irvine, California 92714 (714) 250-8385

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.  
12504 Whittier Blvd.  
Whittier, California 90602 (213) 698-0991

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA1D101014191617151510

VEH/CONTAINER NO.

EPA ID NUMBER

80042507

CA1D101014191617151510

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemical Corp.

AREA CODE/PHONE NUMBER

(213) 698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO. METH

1. Waste Methylene Chloride

ORN-A

UN1593

50 GAL

CA1D101014191617151510

2. Waste Isopropyl Alcohol

Flammable Liquid

UN1219

50 GAL

CA1D101014191617151510

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

1. Spent waste Isopropyl Alcohol

99 1.0

X

2. Water

1.0 0.5

X

SPECIAL HANDLING INSTRUCTIONS

Gloves, Goggles

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Frank PIPPIN

Printed or typed full name and signature

Frank Pippin

MO. DAY YR.  
08 24 84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Henry Sloan Spring Johnson

DATE  
REC'D  
&  
ACCEPTED

MO. DAY YR.  
08 24 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

STEVE SIMPSON

EPA ID NUMBER

CA1D101014191617151510

DATE RECEIVED & ACCEPTED

MO. DAY YR.  
08 24 84